



State of Utah
Department of Workforce Services
CHANGE REPORT FORM

Date Received:

Name: _____ SS#: _____ Case #: _____

We no longer need the following types of assistance: ☐ Financial ☐ Medical ☐ Food Stamps ☐ Child Care

Reason: _____ Signature: _____

Complete and sign this form only if you have a change! Please contact your worker if you have questions.

If you have questions about how to fill out this form, call your local office listed on the enclosed notice.

Please check only the boxes you have changes for. Remember to attach verifications for every item that has changed. You must report the following changes within 10 days. Any false or unreported information that is discovered may result in an overpayment and/or prosecution for fraud. If you receive child care assistance only, skip to page 2.

- ☐ **Income:** Change in income source; change in employment status; change of more than \$25 in unearned gross monthly income for financial. Change of more than \$50 in unearned gross monthly income for food stamps.
Please explain your income changes below.

- ☐ **Deductions/Expenses:** Change in the legal obligation to pay and/or receive child support, case status changes with Office of Recovery Services, change in address (please list below) and resulting change in shelter costs, change of more than \$25 in total allowable deductions, changes in insurance coverage.
Please explain your deductions/expenses changes below.

- ☐ **Household:** Changes in household size, change in marital status, if someone moves in or out, changes in living arrangements.
Please explain your household changes below.

- ☐ **Resources:** Gain or loss of a vehicle (licensed or unlicensed), change in any asset.
Please explain your resources changes below.

For Child Care Assistance:

Note: If you reported Income or Household changes on page 1, you do not need to repeat them in this section.

- ☐ **Income:** An Increase in Gross Monthly Income (combined earned and unearned income) that exceeds the following:
 Household (HH) size 2: \$1900 HH 3: \$2347 HH 4: \$2794 HH 5: \$3241 HH 6: \$3688
 HH 7: \$3772 HH 8: \$3855 HH 9: \$3939 HH10+: \$4023

Please explain your income changes below.

- ☐ **Household:** A parent, stepparent, spouse, or former spouse moves into the home, getting married, a child receiving child care moves out of the home, a change in address. Please explain your household changes below.

- ☐ **Need For Child Care:** Parent's and/or child's schedules change so that child care is no longer needed during the hours of approved employment and/or training activities. No longer in an approved training or educational program. Not meeting minimum work requirements. This includes termination of employment. (Single parents must be employed at least 15 hrs. per week. In two parent households, one parent must work at least 15 hrs. per week while the other parent works at least 30 hrs. per week.) Please explain your change in circumstance below.

- ☐ **Child Care Provider:** A change in providers including when care is being provided at no cost. Please explain your provider change below

- ☐ **Any other changes (ALL PROGRAMS)**

Customer Signature: _____ Date: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.